

FILED DEC 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

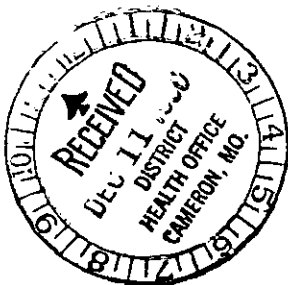
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State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>135</u>		PRIMARY REG. DIST. NO. <u>4210</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>Harrison</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ridgeway, Mo</u> c. LENGTH OF STAY (in this place) <u>2 da</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brother's Home, Denton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>unknown</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ulysses</u> <u>8260</u> d. STREET ADDRESS (If rural, give location) <u>None</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs</u> b. (Middle) <u>Marion</u> c. (Last) <u>Denton</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>April 30, 1950</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>		8. DATE OF BIRTH <u>OCT 3, 1885</u>	
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm hand</u>		11. BIRTHPLACE (State or foreign country) <u>Harrison County, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>Francis Marion Denton</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Ann Hall</u>		14. NAME OF HUSBAND OR WIFE <u>Divorced</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wallace Denton</u>		ADDRESS <u>Ridgeway Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>16 hours</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Apr. 30, 1950</u> , to <u>Apr. 30, 1950</u> , that I last saw the deceased alive on <u>Apr. 30, 1950</u> , and that death occurred at <u>8 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Lela Brewer, M.D.</u> (Degree or title)				23b. ADDRESS <u>Ridgeway</u>		23c. DATE SIGNED <u>May 1, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>May 2, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Logan Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 1, 1950</u>		REGISTRAR'S SIGNATURE <u>Lela Brewer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gerald W. Boggs</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Gerald W. Boggess*

Licensed Embalmer No.

*4982*

P. O. Address

*Eagleville, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.